

REQUEST TO ESTABLISH DOCKET
(Please Type)

Date May 15, 2002 Docket No. 020442-TC

1. Division Name/Staff Name: Competitive Markets & Enforcement/T.Williams

2. OPR: T.Williams

3. OCR:

4. Suggested Docket Title: Request for cancellation of PATS Certificate No. 4245 by Elizabeth J. Gaynor, effective 04/22/02.

5. Suggested Docket Mailing List (attach separate sheet if necessary)
A. Provide NAMES OR ACRONYMS ONLY if a regulated company.
B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)
1. Parties and their representatives (if any):

Table with 2 columns for mailing list details.

2. Interested persons and their representatives (if any):

6. Check one:

- XX Documentation is attached.
Documentation will be provided with recommendation.

JEW
5/15/02

COMPANY NAME: Elizabeth J. Gaynor CO. CODE: TF449

COMPANY LIAISON: Same, Owner

DOCKET NO.: _____ CERTIFICATE NO.: 4245 EFFECTIVE: 09/15/95

RAF RETURN NOTICE: _____

DELINQUENT NOTICE: _____

OTHER RETURNED MAIL: _____

RAR'S RETURNED MAIL: _____

YEAR(s) RAFs NOT PAID: 2002

YEAR(s) PENALTIES & INTEREST NOT PAID: 2001

REVENUES/YEAR: _____

DATE LOTUS CHECKED FOR PAYMENT: _____

OTHER INFORMATION

04/22/02 - CCA provided me with a copy of this company's 2001 RAF return,
which had the note "FINAL" written on it. We also received a
check for the \$50 minimum (no P&I).

04/23/02 - Checked RAF d/b and found they are paid in full except for the
2001 P&I of \$9 plus the 2002 RAF.

04/25/02 - Wrote company and advised to either pay 2002 RAF or provide date
certain it would be paid and pay the 2001 past due balance.

Continued

04/25/02 - Response due by 05/16/02.

5/7/02 - E.G. called @ 3:55 pm. She is unhappy she has to pay the 2002 RAF, but understands. She will send a ck for everything.

5/13/02 - Iron Co. - Paym. of 2001 P&I & 2002 RAF.

5/14/02 - Forwarded file to G. Gilchrist. Voluntary cancellation, Eff. 4/22/02.

STATE OF FLORIDA

COMMISSIONERS:
LILA A. JABER, CHAIRMAN
J. TERRY DEASON
BRAULIO L. BAEZ
MICHAEL A. PALECKI
RUDOLPH "RUDY" BRADLEY



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

April 25, 2002

2002 MAY 13 PM 12:00
DIVISION OF COMPETITIVE SERVICES

Ms. Elizabeth J. Gaynor (TF449)
4721 Indian Gap Drive
Orlando, FL 32812-8210

Dear Ms. Gaynor:

The Commission received your note on the 2001 Regulatory Assessment Fee (RAF) form which stated "final", along with your check for the \$50 minimum. However, you did not include statutory penalty and interest charges, which are applicable if payment is made after the due date of January 30th. Therefore, before I can recommend a voluntary cancellation, the company must pay the past due penalty and interest in the amount of \$9.00 for late payment of the 2001 RAF and comply with Rule 25-24.514(2), Florida Administrative Code, copy enclosed.

Although you stated the 2001 RAF was your final return, the Commission was not notified until this year. Therefore, the 2002 Regulatory Assessment Fee (RAF) is applicable. The RAF is applicable if a certificate is active for any one day during a calendar year, even if a company was not operating or had any revenues during that period. A copy of the 2002 RAF return form is enclosed in case you want to go ahead and send in the minimum \$50 RAF.

As information, the alternative to a voluntary cancellation is an involuntary cancellation. The difference between the two types of cancellations is that if the Commission cancels your certificate involuntarily, any unpaid RAFs will be turned over to collections.

Please review this information and let me know by May 16, 2002, how you wish to proceed. In the meantime, if you have any questions, please contact me at (850) 413-6502-voice, (850) 413-6503-fax, at the address below, or via internet e-mail at pisler@psc.state.fl.us.

Sincerely,

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:
____ Actual Return
____ Estimated Return
____ Amended Return

Florida Public Service Commission
(See Filing Instructions on Back of Form)

TF449-02-0-R
Elizabeth J. Gaynor
4721 Indian Gap Drive
Orlando, FL 32812-8210
cc: P. Isler

2002 MAY 13 AM 10:31
COMMISSION OF
COMPETITIVE SERVICES

FOR PSC USE ONLY	
Check#	_____
\$	0603002
	003001
\$	P
	0603002
	004011
\$	1
Postmark Date	_____
Initials of Preparer	_____

PERIOD COVERED:
01/01/2002 TO 12/31/2002

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>00-</u>
2.	Gross Intrastate Revenue	<u>00-</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>(00-)</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>00-</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u>00-</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>00-</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>00-</u>
8.	TOTAL AMOUNT DUE	\$ <u>50.00</u>

FINAL

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 00-

* These amounts must be intrastate only and must be verifiable.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Elizabeth J. Gaynor
(Signature of Company Official)

Owner (Title) 5-7-02 (Date)

(Preparer of Form - Please Print Name)

Telephone Number 407 381-2306 Fax Number ()

F.E.I. No. _____

GREGORY F GAYNOR
ELIZABETH BESA J GAYNOR
4721 Indian Gap Dr
Orlando, FL 32812

0753

DATE 5-9-02

63-751/631
BRANCH 03014

PAY TO THE
ORDER OF

Fl. Public Service Comm \$ *59.00*

Fifty-nine and no/100

DOLLARS

FIRST UNION

First Union National Bank
firstunion.com
Org. 003 R/T 063107513

FOR

119.07(1)(z), Florida Statutes: Bank account numbers

or debit, charge, or credit card numbers given to an

HARLANE

agency for the purpose of payment of any fee or debt

owing are confidential and exempt from subsection (1)

and s.24(a), Art. 1 of the State Constitution . . .

2002 MAY 13 PM 12:00
COMPETITIVE SERVICES

STATE OF FLORIDA

COMMISSIONERS:
LILA A. JABER, CHAIRMAN
J. TERRY DEASON
BRAULIO L. BAEZ
MICHAEL A. PALECKI
RUDOLPH "RUDY" BRADLEY



DIVISION OF COMPETITIVE MARKETS &
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WALTER D'HAESELEER
DIRECTOR
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Public Service Commission

April 25, 2002

Ms. Elizabeth J. Gaynor (TF449)
4721 Indian Gap Drive
Orlando, FL 32812-8210

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Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler".

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures

25-24.514 Cancellation of a Certificate.

(1) The Commission may cancel a company's certificate for any of the following reasons:

- (a) Violation of the terms and conditions under which the authority was originally granted;
- (b) Violation of Commission rules or orders;
- (c) Violation of Florida Statutes; or,
- (d) Failure to provide service for a period of six (6) months.

(2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request.

- (a) Statement of intent and date to pay Regulatory Assessment Fee.
- (b) Statement of why the certificate is proposed to be cancelled.

(3) Cancellation of a certificate shall be ordered subject to the holder providing the information required by subsection (2).

Specific Authority 350.127(2) FS.

Law Implemented 350.113, 350.127(1), 364.03, 364.285, 364.337, 364.345 FS.

History--New 1-5-87.

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY

Check# _____

\$ _____ 0603002

003001

\$ _____ P

0603002

004011

\$ _____ 1

Postmark Date _____

Initials of Preparer _____

STATUS:

- _____ Actual Return
- _____ Estimated Return
- _____ Amended Return

TF449-02-0-R
 Elizabeth J. Gaynor
 4721 Indian Gap Drive
 Orlando, FL 32812-8210

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 (Signature of Company Official)

 (Title)

 (Date)

 (Preparer of Form - Please Print Name)

Telephone Number (_____)

Fax Number (_____)

F.E.I. No. _____

